U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5352	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JOHN PEJKO	Name LOCAL 41 Plumbers
	Labor Organization File Number 021752
P.O. Box, Bldg., Room No., if any PO BOX 1703	P.O. Box, Building and Room Number, if any PO BOX 1703
Street	Street
City GREAT FALLS	City GREAT FALLS
State Montana ZIP Code + 4 59403	State Montana ZIP Code + 4 59403
5. Position in labor organization.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of cloresents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	3
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Chroat	7.b. Amount.
Street	
City	**************************************
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Landing	On 7-29-05 (406) 736-5495 Date Telephone Number
	Telephone Humaer

Name of Person Filing JOHN PEJKO	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name PIPE TRADES TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any PO BOX 1889 Street City GREAT FALLS State Montana ZIP Code + 4 59403	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name PIPE TRADES TRUST Trade Name, if any: P.O. Box, Bidg., Room No., if any PO BOX 1889 Street City GREAT FALLS State Montana ZIP Code + 4 59403	11.a. Nature of such dealing. TRUSTEE'S MEETING HELD IN GREAT FALLS, MONTANA MARCH, MAY AND SEPTEMBER 2004 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSEMENT OF EXPENSES INCURRED FOR FOOD, TRAVEL AND LODGING	
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$130 er parts A and B above) or other thing of value	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment. 14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?	,, paymoni	